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To: Examiner Gerald R. Ewoldt
USPTO
Art Unit: 1644
Confirmation No.: 4822

From: Xiaochun Zhu, Ph.D.

Fax: (571) 273-8300

Pages: 15 (including cover)

Phone:

Date: May 15, 2006

Re: Leonard Harris, et al.
U.S. Patent Appln. No. 10/040,815
Filed: January 7, 2002
Docket: 10308B

CC:

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The following is attached herewith:

1. Amendment Transmittal (in duplicate)
2. Combined Notice of Appeal From the Primary Examiner to the Board of Patent Appeals and Interferences & Petition For Extension of Time (in duplicate)
3. Response Under 37 C.F.R. §1.116
4. Authorization to charge deposit account 19-1013/SSMP in the amount of \$1,520.00
5. Certificate of Facsimile

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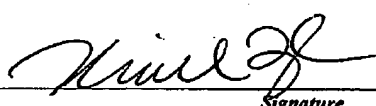
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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 10308B	
Applicant(s): Leonard Harrison, et al.						
Application No. 10/040,815	Filing Date January 7, 2002	Examiner Gerald R. Ewoldt	Customer No. 23389	Group Art Unit 1644	Confirmation No. 4822	
Invention: IMMUNOREACTIVE AND IMMUNOTHERAPEUTIC MOLECULES						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	8 -	35 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2 -	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
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 _____ Signature			Dated: May 15, 2006			
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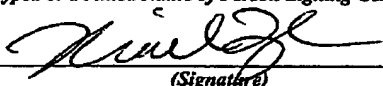
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)		Docket No. 10308B	
Applicant(s): Leonard Harrison, et al.			
Application No. 10/040,815	Filing Date January 7, 2002	Examiner Gerald R. Ewoldt	Group Art Unit 1644
Invention: IMMUNOREACTIVE AND IMMUNOTHERAPEUTIC MOLECULES			
<p>I hereby certify that this <u>Response Under 37 C.F.R. 1.116 and Notice of Appeal...</u> <small>(Identify type of correspondence)</small></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>May 15, 2006</u> <small>(Date)</small></p> <div style="text-align: right; margin-top: 100px;"> <u>Xiaochun Zhu</u> <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small> </div>			
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